



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2009
 OF THE CONDITION AND AFFAIRS OF THE

OmniCare Health Plan, Inc.

NAIC Group Code 1137 , 1137 NAIC Company Code 12193 Employer's ID Number 20-1052897
(Current Period) (Prior Period)

Organized under the Laws of Michigan , State of Domicile or Port of Entry Michigan
 Country of Domicile United States

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
 Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X]
 Other [] Is HMO, Federally Qualified? Yes [] No [X]

Incorporated/Organized 04/22/2004 Commenced Business 10/01/2004

Statutory Home Office 1333 Gratiot, Ste 400 , Detroit, MI 48207
(Street and Number) (City, State and Zip Code)

Main Administrative Office 1333 Gratiot, Ste 400
(Street and Number)
Detroit, MI 48207 313-465-1519
(City, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 1333 Gratiot, Ste 400 , Detroit, MI 48207
(Street and Number or P.O. Box) (City, State and Zip Code)

Primary Location of Books and Records 1333 Gratiot, Ste 400
(Street and Number)
Detroit, MI 48207 313-465-1519
(City, State and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.omnicarehealthplan.com

Statutory Statement Contact Kenyata J. Rogers , 313-465-1519
(Name) (Area Code) (Telephone Number) (Extension)
KJRogers@cvty.com 313-465-1604
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
<u>Beverly Ann Allen</u>	<u>President and Chief Executive Officer</u>	<u>Kenyata Jamilea Rogers</u>	<u>Chief Financial Officer</u>
<u>John Joseph Ruhlmann #</u>	<u>Corporate Controller & Treasurer</u>	<u>Shirley Ann Roquemore_Smith</u>	<u>Secretary</u>

OTHER OFFICERS

<u>Jonathan David Weinberg</u>	<u>Assistant Secretary</u>	<u>Melinda L. Tuozzo #</u>	<u>Assistant Treasurer</u>
<u>Yekaterina Bogush #</u>	<u>Actuary</u>		

DIRECTORS OR TRUSTEES

<u>Beverly Ann Allen</u>	<u>Paul C. Conlin</u>	<u>Tiawauna Lowe</u>	<u>Claudia Bjerre</u>
<u>Ernestine Romero</u>			

State of Michigan
 County of Wayne

ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Beverly Ann Allen
 President and Chief Executive Officer

Kenyata Jamilea Rogers
 Chief Financial Officer

John Joseph Ruhlmann
 Corporate Controller & Treasurer

Subscribed and sworn to before me this
 day of February, 2010

a. Is this an original filing? Yes [X] No []

b. If no:

1. State the amendment number
2. Date filed
3. Number of pages attached

Rochelle D. Jenkins Notary Public
 December 25, 2012

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	168,927		130,248	38,679	38,679	0
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	168,927	0	130,248	38,679	38,679	0



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE OmniCare Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

OmniCare Health Plan, Inc.

2.

(LOCATION)

NAIC Group Code 1137

BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2009

NAIC Company Code

12193

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	54,707								54,707	
2. First Quarter	54,522								54,522	
3. Second Quarter	53,590								53,590	
4. Third Quarter	54,677								54,677	
5. Current Year	53,912		0						53,912	
6. Current Year Member Months	648,845								648,845	
Total Member Ambulatory Encounters for Year:										
7. Physician	426,654								426,654	
8. Non-Physician	73,777								73,777	
9. Total	500,431	0	0	0	0	0	0	0	500,431	0
10. Hospital Patient Days Incurred	34,095								34,095	
11. Number of Inpatient Admissions	7,922								7,922	
12. Health Premiums Written (b)	189,912,920								189,912,920	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	189,912,920								189,912,920	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	160,918,950								160,918,950	
18. Amount Incurred for Provision of Health Care Services	161,516,327								161,516,327	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ _____

29.MI



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE OmniCare Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

OmniCare Health Plan, Inc.

2.

(LOCATION)

NAIC Group Code 1137

BUSINESS IN THE STATE OF Consolidated

DURING THE YEAR 2009

NAIC Company Code 12193

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	54,707	.0	.0	.0	.0	.0	.0	.0	54,707	.0
2. First Quarter	54,522	.0	.0	.0	.0	.0	.0	.0	54,522	.0
3. Second Quarter	53,590	.0	.0	.0	.0	.0	.0	.0	53,590	.0
4. Third Quarter	54,677	.0	.0	.0	.0	.0	.0	.0	54,677	.0
5. Current Year	53,912	0	0	0	0	0	0	0	53,912	0
6. Current Year Member Months	648,845	0	0	0	0	0	0	0	648,845	0
Total Member Ambulatory Encounters for Year:										
7. Physician	426,654	.0	.0	.0	.0	.0	.0	.0	426,654	.0
8. Non-Physician	73,777	0	0	0	0	0	0	0	73,777	0
9. Total	500,431	0	0	0	0	0	0	0	500,431	0
10. Hospital Patient Days Incurred	34,095	0	0	0	0	0	0	0	34,095	0
11. Number of Inpatient Admissions	7,922	0	0	0	0	0	0	0	7,922	0
12. Health Premiums Written (b)	189,912,920	.0	.0	.0	.0	.0	.0	.0	189,912,920	.0
13. Life Premiums Direct	0	.0	.0	.0	.0	.0	.0	.0	0	.0
14. Property/Casualty Premiums Written	0	.0	.0	.0	.0	.0	.0	.0	0	.0
15. Health Premiums Earned	189,912,920	.0	.0	.0	.0	.0	.0	.0	189,912,920	.0
16. Property/Casualty Premiums Earned	0	.0	.0	.0	.0	.0	.0	.0	0	.0
17. Amount Paid for Provision of Health Care Services	160,918,950	.0	.0	.0	.0	.0	.0	.0	160,918,950	.0
18. Amount Incurred for Provision of Health Care Services	161,516,327	0	0	0	0	0	0	0	161,516,327	0

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$

29.GT

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE OmniCare Health Plan, Inc.

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Location	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than For Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
NONE											
0399999 Totals						0	0	0	0	0	0

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total Cols. (5+6+7)	9 Letters of Credit	10 Trust Agreements	11 Funds Deposited by and Withheld from Reinsurers	12 Other	13 Miscellaneous Balances (Credit)	14 Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
NONE													
1199999 Total				0	0	0	0	0	0	0	0	0	0

Schedule S - Part 5

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2009	2 2008	3 2007	4 2006	5 2005
A. OPERATIONS ITEMS					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	1,103	1,139	1,159	1,081	817
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	532	470	387	9	500
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O).....	0	0	0	0	0

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	38,301,088		38,301,088
2. Accident and health premiums due and unpaid (Line 13).....	0		0
3. Amounts recoverable from reinsurers (Line 14.1).....	532,130	(532,130)	0
4. Net credit for ceded reinsurance.....	XXX	532,130	532,130
5. All other admitted assets (Balance).....	5,065,472		5,065,472
6. Total assets (Line 26)	43,898,690	0	43,898,690
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	17,013,266	0	17,013,266
8. Accrued medical incentive pool and bonus payments (Line 2).....	638,695		638,695
9. Premiums received in advance (Line 8).....	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17).....	0		0
11. Reinsurance in unauthorized companies (Line 18).....	0		0
12. All other liabilities (Balance).....	3,255,669		3,255,669
13. Total liabilities (Line 22).....	20,907,630	0	20,907,630
14. Total capital and surplus (Line 31).....	22,991,060	XXX	22,991,060
15. Total liabilities, capital and surplus (Line 32)	43,898,690	0	43,898,690
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid.....	0		
17. Accrued medical incentive pool.....	0		
18. Premiums received in advance	0		
19. Reinsurance recoverable on paid losses	532,130		
20. Other ceded reinsurance recoverables	0		
21. Total ceded reinsurance recoverables	532,130		
22. Premiums receivable	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24. Unauthorized reinsurance	0		
25. Other ceded reinsurance payables/offsets	0		
26. Total ceded reinsurance payables/offsets	0		
27. Total net credit for ceded reinsurance	532,130		

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE OmniCare Health Plan, Inc.

**SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN**

Allocated By States and Territories

States, Etc.		Direct Business Only					Totals
		1 Life (Group and individual)	2 Annuities (Group and individual)	3 Disability Income (Group and individual)	4 Long-Term Care (Group and individual)	5 Deposit-Type Contracts	
1. Alabama	AL						0
2. Alaska	AK						0
3. Arizona	AZ						0
4. Arkansas	AR						0
5. California	CA						0
6. Colorado	CO						0
7. Connecticut	CT						0
8. Delaware	DE						0
9. District of Columbia	DC						0
10. Florida	FL						0
11. Georgia	GA						0
12. Hawaii	HI						0
13. Idaho	ID						0
14. Illinois	IL						0
15. Indiana	IN						0
16. Iowa	IA						0
17. Kansas	KS						0
18. Kentucky	KY						0
19. Louisiana	LA						0
20. Maine	ME						0
21. Maryland	MD						0
22. Massachusetts	MA						0
23. Michigan	MI	0	0	0	0	0	0
24. Minnesota	MN						0
25. Mississippi	MS						0
26. Missouri	MO						0
27. Montana	MT						0
28. Nebraska	NE						0
29. Nevada	NV						0
30. New Hampshire	NH						0
31. New Jersey	NJ						0
32. New Mexico	NM						0
33. New York	NY						0
34. North Carolina	NC						0
35. North Dakota	ND						0
36. Ohio	OH						0
37. Oklahoma	OK						0
38. Oregon	OR						0
39. Pennsylvania	PA						0
40. Rhode Island	RI						0
41. South Carolina	SC						0
42. South Dakota	SD						0
43. Tennessee	TN						0
44. Texas	TX						0
45. Utah	UT						0
46. Vermont	VT						0
47. Virginia	VA						0
48. Washington	WA						0
49. West Virginia	WV						0
50. Wisconsin	WI						0
51. Wyoming	WY						0
52. American Samoa	AS						0
53. Guam	GU						0
54. Puerto Rico	PR						0
55. U.S. Virgin Islands	VI						0
56. Northern Mariana Islands	MP						0
57. Canada	CN						0
58. Other Alien	OT						0
59. Totals		0	0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE OmniCare Health Plan, Inc.

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	52-2073000	Coventry Health Care Inc.	188,308,641	(293,750,000)			422,068,683				316,627,324	
	51-0406894	Coventry Financial Mgmt Services, Inc.					5,032,796				5,032,796	
96460	51-0293139	Coventry Health Care of Delaware, Inc.					(13,521,508)	(1,573,262)			(15,094,770)	3,257,887
95282	51-0353639	Coventry Health Care of Georgia, Inc.	(3,000,000)	600,000			(27,240,617)	(1,576,047)			(31,216,664)	1,158,048
	52-1801446	Group Dental Services, Inc.					5,475,191				5,475,191	
	52-2248239	Coventry Services Corporation					7,376,791				7,376,791	
95241	42-1244752	Coventry Health Care of Iowa, Inc.					(8,856,008)	(1,797,409)			(10,653,417)	1,190,959
95925	42-1308659	Coventry Health Care of Nebraska, Inc.					(1,199,663)	(1,350,487)			(2,550,150)	730,923
95283	51-0353638	Coventry Health Care of Pennsylvania, In.					(54,138)				(54,138)	
95173	74-2381406	Coventry Health Care of Louisiana, Inc.	(6,000,000)				(8,560,716)	(144,204)			(14,704,920)	1,733,478
95060	25-1264318	HealthAmerica Pennsylvania Inc.	(16,000,000)				(15,245,098)	(1,935,477)			(33,180,575)	879,994
	23-2366731	HealthAssurance Pennsylvania, Inc.	(24,000,000)	7,000,000			(82,276,458)	(5,444,314)			(104,720,772)	5,292,946
	47-0854096	Coventry Prescription Mgmt Services, Inc.					(161,889,989)				(161,889,989)	
81973	75-1296086	Coventry Health & Life Insurance Company		179,000,000			(195,674,784)	36,694,354			20,019,570	(29,785,201)
	26-3525878	Group Health Plan of Delaware, LLC									0	0
96555	54-1576305	Southern Health Services, Inc.	(5,000,000)				(16,069,785)	(2,881,232)			(23,951,017)	838,138
	01-0646056	Coventry Transplant Network, Inc.					(103,501)				(103,501)	
96377	43-1372307	Group Health Plan, Inc.	(103,308,641)				(41,195,154)	(1,356,427)			(145,860,222)	928,431
95318	43-1702094	HealthCare USA of Missouri, LLC	(10,000,000)				(34,509,033)	(5,627,648)			(50,136,681)	4,070,277
95489	48-0840330	Coventry Health Care of Kansas, Inc.	(11,000,000)				(15,275,251)	(1,807,140)			(28,082,391)	1,468,745
	25-1794529	Coventry Management Services, Inc.					566,153,459				566,153,459	
95408	55-0712129	Carelink Health Plans, Inc.					(12,745,342)	(1,268,811)			(14,014,153)	687,251
	20-0635523	WellPath Preferred Services, Inc.					(8,410,363)				(8,410,363)	
95321	20-0229117	WellPath Select, Inc.					(8,941,469)	(1,249,942)			(10,191,411)	1,295,955
11531	02-0639951	CHC Casualty Risk Retention Group, Inc.					11,901,882				11,901,882	
	62-1411933	Coventry Health Care Mgmt Corp.					(27,944,183)				(27,944,183)	
	20-1736437	First Health Group Corp.					(147,878,155)				(147,878,155)	
12604	20-4647469	WellPath of South Carolina, Inc.		3,250,000			389,463	(210,070)			3,429,393	97,160
74160	37-1241037	PersonalCare Insurance of Illinois, Inc.	(10,000,000)				(24,923,101)	(452,999)			(35,376,100)	1,053,185
12193	20-1052897	OmniCare Health Plan, Inc.					(8,721,890)	(1,041,333)			(9,763,223)	532,129
95407	87-0345631	Altius Health Plans, Inc.					(31,239,974)	(1,926,906)			(33,166,880)	492,488
	51-0410308	HealthAssurance Financial Services, Inc.					8,084,761				8,084,761	
	20-4416606	HealthCare USA of Tennessee, LLC					54				54	
	26-1582982	MHNet Specialty Services, LLC					801,512				801,512	
	20-8070994	CHC National Accounts, Inc.					1,963				1,963	
	20-5185442	CHC National Network, Inc.					333				333	
	20-8217339	Coventry Product Services, Inc.					59,505,248				59,505,248	
	20-8376354	CHC Workers' Compensation, Inc.					(22,316,194)				(22,316,194)	
	20-1130063	Florida Health Plan Administrators, LLC					71,487,622				71,487,622	
	26-1293772	Coventry Consumer Advantage, Inc.					(69,218)				(69,218)	
	26-3525762	Coventry PDP Rebate Administrators, LLC									0	
	26-3525637	Coventry Pharmacy Rebate Admin., LLC									0	

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE OmniCare Health Plan, Inc.

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
90328	38-2242132	First Health Life & Health Ins Co		88,000,000			(98,540,291)	(221,692)			(10,761,983)	662,682
81000	75-1431313	Cambridge Life Insurance Co					1,655,347				1,655,347	
	20-4096903	First Script Network Services, Inc					(5,464,350)				(5,464,350)	
	06-1095987	MetraComp, Inc					(49)				(49)	
	74-2879984	Medical Examinations of NY, P.C.					(1,552,962)				(1,552,962)	
	62-1266888	FOCUS Healthcare Management, Inc					(2,086,455)				(2,086,455)	
	26-2516000	Coventry Ind. Medical Exam of TX, PA					(627,905)				(627,905)	
95114	65-0986441	Vista Healthplan, Inc		13,000,000			(70,761,876)	(3,545,470)			(61,307,346)	2,402,127
95266	65-0453436	Vista Healthplan of South Florida, Inc					(40,926,901)	(831,487)			(41,758,388)	335,535
10771	20-1976986	Summit Healthplan, Inc		2,000,000			(19,425,777)	(451,997)			(17,877,774)	676,863
	59-3750548	Carefree Insurance Services, Inc					(15,000)				(15,000)	
	37-1448790	Mental Health Network of New York, IPA					33				33	
12509	20-2516317	MHNet Life and Health Insurance Company					(1,627,856)				(1,627,856)	
	72-1106596	Mental Health Associates, Inc					2,321,170				2,321,170	
	20-4276336	MHNet of Florida, Inc					(1,042,572)				(1,042,572)	
95846	52-2056201	Group Dental Services of Maryland, Inc		900,000			(5,322,722)				(4,422,722)	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

39.1

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

Responses

- 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?YES.....
- 2. Will an actuarial opinion be filed by March 1?YES.....
- 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?YES.....
- 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?YES.....

APRIL FILING

- 5. Will Management's Discussion and Analysis be filed by April 1?YES.....
- 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?YES.....
- 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?YES.....

JUNE FILING

- 8. Will an audited financial report be filed by June 1?YES.....
- 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?YES.....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- 10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?NO.....
- 11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?NO.....
- 12. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?NO.....
- 13. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?NO.....
- 14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?NO.....
- 15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?NO.....
- 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?NO.....

APRIL FILING

- 17. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?NO.....
- 18. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?NO.....
- 19. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?NO.....

Explanation:

- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.

Bar code:

10.  1 2 1 9 3 2 0 0 9 3 6 0 5 9 0 0 0

11.  1 2 1 9 3 2 0 0 9 2 0 5 0 0 0 0 0

12.  1 2 1 9 3 2 0 0 9 2 0 7 0 0 0 0 0

13.  1 2 1 9 3 2 0 0 9 4 2 0 0 0 0 0 0

14.  1 2 1 9 3 2 0 0 9 3 7 1 0 0 0 0 0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

15. 
1 2 1 9 3 2 0 0 9 3 7 0 0 0 0 0 0

16. 
1 2 1 9 3 2 0 0 9 3 6 5 0 0 0 0 0

17. 
1 2 1 9 3 2 0 0 9 3 0 6 0 0 0 0 0

18. 
1 2 1 9 3 2 0 0 9 2 1 1 5 9 0 0 0

19. 
1 2 1 9 3 2 0 0 9 2 1 3 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Exhibit of Nonadmitted Assets	16
Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 – Enrollment By Product Type for Health Business Only	17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18
Exhibit 3 – Health Care Receivables	19
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	20
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	21
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	22
Exhibit 7 – Part 1 – Summary of Transactions With Providers	23
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	23
Exhibit 8 – Furniture, Equipment and Supplies Owned	24
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Premiums, Enrollment and Utilization (State Page)	29
Five-Year Historical Data	28
General Interrogatories	26
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	25
Overflow Page For Write-ins	41
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 2	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10
Schedule D – Part 1A – Section 1	SI05

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Schedule D – Part 1A – Section 2	SI08
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	E12
Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17
Schedule DA – Verification Between Years	SI11
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E18
Schedule DB – Part A – Section 3	E19
Schedule DB – Part A – Verification Between Years	SI12
Schedule DB – Part B – Section 1	E19
Schedule DB – Part B – Section 2	E20
Schedule DB – Part B – Section 3	E20
Schedule DB – Part B – Verification Between Years	SI12
Schedule DB – Part C – Section 1	E21
Schedule DB – Part C – Section 2	E21
Schedule DB – Part C – Section 3	E22
Schedule DB – Part C – Verification Between Years	SI13
Schedule DB – Part D – Section 1	E22
Schedule DB – Part D – Section 2	E23
Schedule DB – Part D – Section 3	E23
Schedule DB – Part D – Verification Between Years	SI13
Schedule DB – Part E – Section 1	E24
Schedule DB – Part E – Verification	SI13
Schedule DB – Part F – Section 1	SI14
Schedule DB – Part F – Section 2	SI15
Schedule E – Part 1 – Cash	E25
Schedule E – Part 2 – Cash Equivalents	E26
Schedule E – Part 3 – Special Deposits	E27
Schedule S – Part 1 – Section 2	30
Schedule E – Verification Between Years	SI16
Schedule S – Part 2	31
Schedule S – Part 3 – Section 2	32
Schedule S – Part 4	33
Schedule S – Part 5	34
Schedule S – Part 6	35
Schedule T – Part 2 – Interstate Compact	37

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Schedule T – Premiums and Other Considerations	36
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	38
Schedule Y - Part 2 – Summary of Insurer’s Transactions With Any Affiliates	39
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	40
Underwriting and Investment Exhibit – Part 1	8
Underwriting and Investment Exhibit – Part 2	9
Underwriting and Investment Exhibit – Part 2A	10
Underwriting and Investment Exhibit – Part 2B	11
Underwriting and Investment Exhibit – Part 2C	12
Underwriting and Investment Exhibit – Part 2D	13
Underwriting and Investment Exhibit – Part 3	14

